



QUARTERLY REPORT AND REMITTANCE

Indiana Grain Indemnity Corporation
101 West Ohio Street
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Indianapolis, Indiana 46204
Phone: (317) 232-1356
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The Indiana Grain Indemnity Fund (I.C. 26-4) is established for the purpose of providing money to pay grain producers for losses incurred due to a failure of a grain buyer.

Beginning July 1, 1996, grain producers will be charged a two-tenth percent (.002) premium on all grain sold in Indiana.

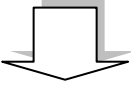
Buyers shall deduct these premiums from the gross sales price and shall remit to the Indiana Grain Indemnity Corporation. The producer premium, as defined in I.C. 26-4, shall be calculated using the gross sales price of the grain including all premiums and discounts for moisture, quality, variety, or any other characteristic of the grain. The producer premium shall be calculated before the deduction of marketing assessments, storage, drying, cleaning or any other service charges.

When purchasing grain, a buyer shall deduct the premium from the producer's payment, document the producer's premium, and submit the premiums collected in the following period and mail by:

OCTOBER 31 for producer premiums collected in July – August – September
JANUARY 31 for producer premiums collected in October – November – December
APRIL 30 for producer premiums collected in January – February – March
JULY 31 for producer premiums collected in April – May – June

Company or Buyer's Name:			
Address (Street and P.O. Box):			
City:	State:	Zip:	County:
Telephone Number (including Area Code):		Fax Number:	
Federal I.D. Number or Social Security Number:			

Calculation of amount of premium collected from producers for:

MONTH	DOLLAR AMOUNT OF PURCHASES	PREMIUM TO REMIT TO THE INDIANA INDEMNITY FUND 
	\$	
	\$	
	\$	
QUARTERLY	\$	x 0.002 = \$

Please remit a check for the above amount made payable to: The Indiana Grain Indemnity Corporation

Please return the original (white) and second (canary) copy with your check. Keep the third (pink) copy for your records.

How was the premium collection documented (settlement sheet, check register, journal, etc.)?
If the report does not cover all BRANCHES, list the facilities that are NOT included.

This report must be completed and returned, even if no grain purchases were made.

I, the undersigned, declare this report has been examined by me and to my best knowledge is true, correct and complete.

Authorized Signature:	Date:
Printed Name:	
FOR OFFICE USE ONLY: Amount:	Check #:
Deposit Date:	Initials:

DISTRIBUTION: White – Treasurer's Office Canary – IGIC Files Pink – Buyer's Copy